

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J86280

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA INSURANCE UNDERWRITERS, INC.

**Current Principal Place of Business:**

7420 SW 66 STREET  
MIAMI, FL 33143 US

**New Principal Place of Business:**

1925 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

1925 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 59-2842589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, GILBERTO L  
7420 SW 66 ST  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

RODRIGUEZ, GILBERTO L  
1925 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ, GILBERTO  
Address: 1925 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GILBERTO.L. RODRIGUEZ

PRES

02/08/2012

Electronic Signature of Signing Officer or Director

Date